

## COMMUNITY HEALTH CENTERS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. RODRIGUEZ) is recognized for 5 minutes.

Mr. RODRIGUEZ. Mr. Speaker, I stand here today to show my support for the community health centers and the vital services provided to the medically underserved, rural areas and the minority communities throughout this country.

Mr. Speaker, I strongly support the \$250 million budget increase for the year 2002 for the community health centers. The funding level will allow centers to expand and deliver health care services to those in need who need it most.

I would like to acknowledge the fact that President Bush pledged to provide \$3.6 billion over 5 years to build an additional 1200 community health centers. The request of a \$250 million increase will put us on the right track to meet the President's funding goals.

Mr. Speaker, I think that is something that is viable and something that we can continue to work on.

In 1999, these centers performed primary and preventive health care and dental services for more than 11 million children and adults. We have a total of 44 million uninsured Americans that lack access to health care services.

I want to talk to my colleagues briefly about that, because of the fact that these are working Americans. These are individuals that are up there, and families that are working hard in small businesses. I would attest to my colleagues if my colleagues have someone out there that is not working with a major corporation, that is not working for Federal Government or State or local government, most of those individuals do not have access to health care. They are in dreaded need.

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They do not have enough resources to be able to purchase it. They are not poor enough to qualify for Medicaid, not old enough to qualify for Medicare. Yet they find themselves uninsured, yet working and trying to make things come together. The community service centers provide that access to them.

One in six or 4.6 million low-income children are served by the health centers. There are over 400,000 births that are delivered. Imagine how many kids we could reach out to by increasing the budget by \$250 million. This is a small price to pay for our children to have healthy bodies and strong and clean teeth.

Community health centers are critical because they provide treatment, they provide preventive care, and they provide access.

In my district back in Texas, we have five health centers with 23 sites. Yesterday I had the opportunity to meet

with some of them from the Atascosa Health Center in Pleasonton, Texas, and Centro del Barrio in the south side and east side of San Antonio, and the Barrio Clinic at the Ali Austin Center. These services are continued to be provided by these centers. I want to thank them for their services.

Nearly 70 percent of those served in community health centers are minorities. One out of every 10 rural Americans is served by these centers. I represent 13 other counties, a lot of rural area; and these centers pay a very vital role in that area. Hispanics make up also close to 68 percent of my district, and many of the benefits of these centers go to that population.

As many of my colleagues know, also, we are having a real serious problem in the area of tuberculosis. My district goes all the way to the Mexican border. Almost one-third of the cases in this country are along the border, from Texas to California, in the area of tuberculosis. We know that that is a disease that we are having some real serious problems with. These centers play a very significant role in providing that treatment in that area.

Not to mention the fact that when we look at the problems that we are encountering with other infectious diseases such as HIV, AIDS, and others, at a time when we feel we are making the gains, we still have 20 percent of the cases among Hispanics when we only represent 12.5 percent of the population. So there are still strides that need to be done.

Let me just say why we should support and reauthorize this \$250 million. First of all, millions of Americans are uninsured and need that access to care. Secondly, health centers are an inexpensive way of providing access to quality affordable care to these communities. Thirdly, health centers help make the benefit of public insurance programs available to more eligible children and adults. Not to mention that the expansion will provide primary care infrastructure in this country that is needed and drastically needed for us to continue to move forward.

I want to thank the chairman and ask my colleagues to support this effort in assuring that the community health centers get an additional \$250 million as we move forward and meet the President's goal.

## COLLEGE STUDENT CREDIT CARD PROTECTION ACT

The SPEAKER pro tempore (Mr. CRENSHAW). Under a previous order of the House, the gentlewoman from New York (Ms. SLAUGHTER) is recognized for 5 minutes.

Ms. SLAUGHTER. Mr. Speaker, I appreciate this opportunity to speak on a growing problem, the credit card debt among our college students.

Along with the gentleman from Tennessee (Mr. DUNCAN), I have introduced

a bipartisan College Student Credit Card Protection Act. This legislation requires credit card companies to determine whether a student applicant can afford to pay off a credit card balance before approving the application. It looks into the amount of money the student will be making and limits the credit to a percentage of that amount.

In the event that parents are obliged to pay off the credit card debt, no increase on the amount of credit card debt can be approved without the parents' consent.

Now, what does it take for a college student to get a credit card? Well, it turns out the credit card companies are just itching to give them away by the lure of free T-shirts and mugs with little scrutiny of the student's ability to pay their debts. As a result, a lot of college students end up taking a crash course in debt management.

Credit card issuers are raining down solicitations on college students and households. Mr. Speaker, in just 1 month, just 1 month, the six members of my staff were sent this many credit card solicitations that will fill this laundry basket. Let me repeat, this is just 1 month for six staff members of the House of Representatives.

Now, sadly, one of my constituents wrote to me that her stepson had to file for bankruptcy at the age of 21 because he was \$30,000 in debt; and she spoke to the bank officer, and the bank officer told my constituent that her own college-age daughter was in the same situation, but her parents were trying to help her out of the mess to avoid hurting her credit rating and thus her future financial opportunities.

The gentleman from Tennessee (Mr. DUNCAN) told us about the 3-year-old in my district who got a platinum credit card for \$5,000. We also even had a cat named Bud who also lives in Rochester where they really seem to be easy to get, and that cat got a preapproved card.

Now, what about the students whose parents cannot bail them out? Unfortunately, that is not uncommon. The number of bankruptcies among individuals under the age of 25 had nearly quadrupled in the past 5 years.

John Simpson, an Indiana University administrator, said, "Credit cards are a terrible thing. We lose more students to credit card debt than to academic failure."

"60 Minutes," too, recently reported that, in 1999, a record 100,000 persons under the age of 25 filed for bankruptcy. Nellie Mae, the Nation's largest student loan agency recently found that student credit card debt rose to a national average of more than \$2,700, up from an average of under \$1,900 in 1998, a nearly \$1,000 increase.

In addition, nearly one in every 10 undergraduates has credit card debt greater than \$7,000. This is an even bigger problem if one calculates the

amount of time it will take the young borrower to pay off this debt.

A student using a card with an 18 percent annual percentage rate who makes a minimum monthly payment of \$75 will be paying off that credit card balance of \$2,700 over 15 years, paying as much interest on the balance as he or she originally borrowed.

The Daily Texan, a newspaper of the University of Texas, recently reported that the university's legal services office sees students who are struggling with debt at the rate of one every 2 weeks.

The university counselor said "the highest voluntary credit debt I have seen was \$45,000. Most students who come in with major problems are the ones whose debts range from \$8,000 to \$15,000." That is the common range of debt for a college student in Texas.

In addition, the nonprofit Consumer Education Center in Austin, Texas, helps about a half dozen students every week to try to deal with credit problems. But let me be clear, the problem is certainly not specific to Texas. As I pointed out, in Indiana, more students leave college because of debt than because of academics. This is the story on every college campus.

Leslie Starkey, the niece of one of my staffers, was a young successful advertising executive in New York City, but she had been burdened by thousands of dollars of credit card debt since college. It was not very long after Leslie had pulled herself out of this crushing debt with the help of a credit card counselor that she was killed in a tragic fall. She was 28 years old and had lived only a short time with the joy of being debt free.

We owe it to Leslie and other young people who have committed suicide because they could not meet their credit card debt obligations to enact this legislation so that they will not be spending what is the best time of their lives under the burden of enormous credit card debt.

Mr. Speaker, I regret to say that the bankruptcy laws that recently passed this House will do nothing to help these young people.

#### REGARDING THE NEED FOR A DEFENSE SUPPLEMENTAL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Missouri (Mr. SKELTON) is recognized for 5 minutes.

Mr. SKELTON. Mr. Speaker, yesterday I returned from the West Coast where I visited several naval installations and talked with numerous Navy and Marine personnel. As a result, I am all the more convinced of the need for a supplemental appropriation now. Family housing roofs are leaking, aircraft are being cannibalized, and training is being curtailed or canceled.

I am dismayed that the White House has apparently rejected the idea of a

supplemental appropriation for 2001. Such a supplemental would pay for costs already incurred in operations around the world. It is not a matter subject to a strategic review of our future; it is paying for our past. Why it should be off limits to pay what we owe is a mystery to me.

Mr. Speaker, it is a disquieting truth that our military services rely on supplemental funding when making their budgets. They are allowed to budget for procurement, research, pay and training. All of these costs are largely predictable. But they are not allowed to budget in advance for most operations because the nature and tempo of the operations can never be foreseen.

In a way, the Navy includes some operations funding in its peacetime budget. Overseas rotations is part of its normal operating procedure, so deployments require little additional funding when they go into action. The Air Force is getting toward that concept as well, but even they need supplemental help to cover the cost of operations.

Even if a supplemental is proposed later in the year, it is sort of like the fire department showing up after one's house has burned down.

One reason I enjoy serving on the Committee on Armed Services, Mr. Speaker, is that I get to speak regularly with our troops and their commanders. One message that has been coming through with exact clarity, from field commanders and service chiefs alike, is the need for an immediate supplemental. They have been forced to borrow against training money to keep operations going, and that bill has come due. As a result, training is slowing to a crawl or stopping. Some ammunition supplies are exhausted. Our military is not being kept up to standard.

That is what I hear. It is not just one service; it is all of them. That, Mr. Speaker, is why we need an immediate supplemental.

By immediate supplemental, I do not mean the check in the hand by the close of business Friday, although that would not hurt. But I do mean an immediate and public commitment that there will be a supplemental, a commitment that help is on the way. If the chiefs know a supplemental is coming, even one late in the fiscal year, they can resume full activity confident that their coffers will be replenished. Absent that assurance, though, the only prudent and, in many cases, the only legal thing for them to do is to stop training.

This is a test of the new administration, Mr. Speaker, a test of their word and of their world view. If the military is to be sacrificed on the altar of a tax cut, if help is not truly on the way, then skip the supplemental. But if the Nation's commitment to our men and women in uniform is real, then they should step up and pay what is owed.

#### CONSOLIDATED HEALTH CENTERS BUDGET

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Missouri (Mr. CLAY) is recognized for 5 minutes.

Mr. CLAY. Mr. Speaker, I rise to add my voice to those calling for a substantial increase in the fiscal year 2002 budget appropriation for the consolidated health centers program.

Community health centers provide critical primary and preventive health care services to over 11 million low-income and uninsured patients in more than 3,000 rural and urban communities throughout our country. In my own district, thousands of citizens benefit greatly from the quality health care they receive at our local community health care clinics.

The fact that this program has enjoyed strong bipartisan support throughout its 30 years' existence is itself a testament to the success they have achieved in providing needed health care services to our Nation's most vulnerable populations.

While I am encouraged by the President's call to double the level of service these health centers provide, I believe his proposed funding increase of \$124 million will not adequately cover the critical demand for quality health care by the uninsured.

There are over 45 million people in our country without access to affordable health care insurance; and, sadly, that number continues to rise.

Nowhere is the problem of access to quality health care more critical than within the African American community where economic factors and limited health care options exacerbate an already disproportionate health care crisis.

Community health care centers are a vital component in addressing the health care gap that exists in minority communities across this country. But if they are to continue to meet the growing health care needs of those communities, it is imperative that we increase the consolidated health centers program funding by \$250 million in fiscal year 2002.

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Mr. Speaker, with an additional \$250 million, we can expand community health care facilities in rural and urban communities and provide quality health care to an additional 70,000 uninsured individuals. I urge the Committee on Appropriations and all of my House colleagues to support a \$250 million increase in funding for the consolidated health care program.